## MIAMI COUNTY HEALTH DEPARTMENT

**ENVIRONMENTAL DIVISION** 

25 Court Street, Room 211 Peru, Indiana 46970

765-473-0284 - Fax 765-473-0285

## FOOD ESTABLISHMENT PERMIT SIGN-OFF SHEET

This sheet must be signed by all applicable departments and returned to the Miami County Health Department at least **two working days** prior to your final health department inspection. It is your responsibility to contact the health department and the applicable fire department to obtain any necessary inspections, meet any applicable requirements, and get this sheet signed by a representative. **No final inspections will be conducted and no food establishment permits will be issued until this sheet is completed.** 

FOOD ESTABLISHMENT OWNER / OPERATOR		
New Establishment	Change of OwnerRe	emodel / Structure Change
	Phone	
Address Mailing Address (if different from a	bove)	
Type of Establishment:SchoolConvenience Store	Tavern / Bar Grocery Store / Supermark	Restaurant tetOther
Owned By	Phone	e
Operated By		e
	FIRE DEPARTMENT STA	
Approved by Fire Inspector	t	
	ILDING DEPARTMENT	
		ty Building Inspector 765-472-3901
Inspected by Building Inspector Comments	Date	